



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

*Interstate Milk Shippers Check Rating Fee
in Accordance with 801 CMR 4.02*

DIRECTIONS:

- Complete both pages of the fee form.
- Submit a separate form for each facility to be rated.
- Attach a separate check for \$750.00 for each Check Rating, made payable to:
COMMONWEALTH OF MASSACHUSETTS.
- Check Rating fees are payable every two years and are non-refundable. A facility that is unable to maintain an acceptable rating status must re-apply and submit the full Check Rating fee of \$750.00.

1. Business Name:		2. Telephone #: () Fax #: ()
3. D.B.A. (Doing Business As):		Current Massachusetts Certification # (if applicable):
4. Mailing Address:		
5. Facility Address (if different from Mailing Address):		6. Telephone #: () Fax #: ()
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: () Email Address: _____	

Ownership	Name	Address
9. Individual		_____ _____
10. Partnership	A. _____ B. _____	A. _____ B. _____ _____

(Over)

Ownership	Name	Address
11. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
12. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:
13. Names of brands and trade or corporation name, if any, under which the products are to be sold:		

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ Date _____ Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).